

LEP LICENSEES ONLY

Submit this application WITH YOUR CURRENT RESUME to the Examination Unit at the above address.

Section A PERSONAL INFORMATION										
Last Name					First Name				MI	
Street Address					City				State	Zip
Home Phone	()			Work Phone	()			Fax Phone	()	
Cell	()			Pager	()			Social Sec. No.		
License Type		License Number		Expiration Date		Other licenses		E-Mail Address		
Completion of the following fields are OPTIONAL:										
Race/Ethnicity					Date of Birth			Gender		

Section B REQUIREMENTS
<p>Do you currently practice independently as an LEP outside of employment as a school psychologist?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Section C QUESTIONNAIRE
<p>Have you ever participated in an examination development workshop for the Board?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes If YES, when did you last participate in a workshop? _____</p>

I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am hired, I will be required to comply with the terms of an examination security/confidentiality agreement.

Signature _____

Date _____